

MDR Tracking Number: M5-04-1157-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-23-03.

Services rendered prior to 12-23-02 were submitted untimely per above referenced rule and will not be considered in this decision.

The IRO reviewed office visits, joint mobilization, manual traction, continuous passive motion, therapeutic exercises, miscellaneous supplies, analysis of special reports, special report, application of neuromuscular stimulator, electrodes, unlisted procedure, cervical manipulation and physical therapy services rendered from 12-23-02 through 6-26-03 that were denied based upon "V" and "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 9, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:  
No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

The insurance carrier failed to file a TWCC-21 with the Commission disputing the compensability of treatment in accordance with Section 408.027(d); therefore, services denied with EOB denial "R" will be reviewed in accordance with the *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1-14-03	99080-73	\$15.00	\$0.00	R	\$15.00	Rule 129.5(d)	MAR for work status report of \$15.00 is recommended.
2-3-03 3-5-03 3-17-03 3-31-03 4-14-03 4-17-03 5-6-03 5-12-03	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 129.5(d)	MAR for work status report of \$15.00 X 8 = \$120.00 is recommended.
12-26-02	99080 58 pgs.	\$43.50	\$0.00	F	\$0.50 / pg	Rule 133.106 (f)(3)	MAR for copies of records is \$.50 per page. Therefore, reimbursement of 58 pgs = \$29.00 is recommended.
1-13-03 1-14-03	99213MP	\$50.00	\$0.00	R	\$48.00	CPT Code Descriptor	MAR is \$48.00 per MFG, reimbursement of \$48.00 x 2 = \$96.00 is recommended.
1-13-03 1-14-03	97122	\$35.00	\$0.00	R	\$35.00 / 15 min	CPT Code Descriptor	MAR per MFG of \$35.00 x 2 = \$70.00 is recommended.
1-13-03 1-14-03	97265	\$45.00	\$0.00	R	\$43.00	CPT Code Descriptor	MAR per MFG of \$43.00 x 2 = \$86.00 is recommended.
1-13-03 1-14-03	97110 (4)	\$140.00	\$0.00	R	\$35.00 / 15 min	CPT Code Descriptor Medicine GR (l)(A)(9)(b)	MAR per MFG of \$140.00 x 2 = \$280.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$696.00.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 99080-73, 99080, 99213mp, 97122, 97265, 97110 in the amount of \$696.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$696.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 26<sup>th</sup> day of August 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

March 5, 2004

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-04-1157-01**  
**IRO Certificate #: 5348**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 47 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she injured her right shoulder, right elbow and right wrist when she was lifting five gallon buckets. The patient underwent x-rays of the right wrist that showed no evidence of wrist or hand fracture, pathology or anomalies. An MRI of the cervical spine, right shoulder, and right wrist was performed on 12/5/02. The MRI of the shoulder indicated minimal tendinosis/tendinopathy within the mid-supraspinatus tendon without evidence for full thickness rotator cuff tear and subacute/chronic arthritic changes of the AC joint associated with a type II acromion process. The MRI of the cervical spine indicated minimal joint hypertrophy on the right side at C4-C5 levels minimally narrowing the outer zones of the neural exit foramina on the ipsilateral side, myofascial spasm, and degenerative changes. And the MRI of the right wrist indicated posttraumatic inflammatory change, interosseous ligament tear, arthritic changes, and Normal Guyon's canal and median nerve within the carpal tunnel. An orthopedic surgery evaluation dated 12/31/02 indicated that the diagnoses for this patient were probable right carpal tunnel syndrome with possible ganglion cyst right wrist. It also indicated that a sonogram performed on 11/28/02 suggested the possibility of tenosynovitis in the carpal tunnel. Treatment for this patient's condition has included joint mobilization, therapy, aquatic therapy, manual traction, and physical and medical treatment.

### Requested Services

Therapy procedures, physical therapy, office visits, joint mobilization, prolonged service, supplies, manual traction, analysis, special report, application of surface ne, electrodes, unlisted procedure, medical procedure, cervical manipulation, pt manipulation, physical medicine treatment from 12/23/02 through 6/26/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this patient concerns a 47 year-old female who sustained a work related injury to her right shoulder, right elbow and right wrist on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the patient had been treated with joint mobilization, therapy, aquatic therapy, manual traction, and physical and medical treatment. The \_\_\_ chiropractor reviewer indicated that the patient received approximately 32 treatment sessions from 10/24/02 through 12/20/02 with a 50% subjective improvement. The \_\_\_ chiropractor reviewer also indicated that from 12/23/02 through 6/26/03 the patient demonstrated an 80% subjective improvement in her condition. However, the \_\_\_ chiropractor reviewer noted that objectively the patient demonstrated an improvement in grip strength of the right hand (thumb/finger opposition) from 2.5 lbs. to 3 lbs, and a 5% improvement in her range of motion. The \_\_\_ chiropractor reviewer explained that this progress was made by 12/23/02. The \_\_\_ chiropractor reviewer noted that from 12/23/02, there was minimal objective improvement made in this patient's condition. The \_\_\_ chiropractor reviewer explained that the treatment rendered to this patient from 12/23/02 through 6/26/03 failed to produce any lasting results or cure. The \_\_\_ chiropractor reviewer also explained that the patient did not require 1 on 1 supervision and that the treatment rendered could have been performed at home. The \_\_\_ chiropractor reviewer further explained that the treatment rendered to this patient does not meet the TWCC guidelines. Therefore, the \_\_\_ chiropractor consultant concluded that the therapy procedures, physical therapy, office visits, joint mobilization, prolonged service, supplies, manual traction, analysis, special report, application of surface ne, electrodes, unlisted procedure, medical procedure, cervical manipulation, pt manipulation, physical medicine treatment from 12/23/02 through 6/26/03 were not medically necessary to treat this patient's condition.

Sincerely,